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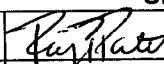
		Application Number	09/693,798
		Filing Date	October 19, 2000
		First Named Inventor	Leslie V. Niles
		Group Art Unit Number	2135
		Examiner Name	Linh L.D. Son
Total Number of Pages in This Submission	23*	Attorney Docket Number	22501-05465

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement & PTO/SB/08A <input checked="" type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: 13 Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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REMARKS: *Page count does not include cited references.

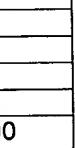
SIGNATURE OF ATTORNEY OR AGENT

Signature:	
Attorney/Reg. No.:	Rajiv P. Patel, Reg. No. 39,327
Dated: February 22, 2005	

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I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:	
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Dated:	February 22, 2005

FE TRANSMITTAL for FY 2005				<i>Complete if Known</i>	
FEB 25 2005				Application Number	09/693,798
<small>Patent fees are subject to annual revision.</small>				Filing Date	October 19, 2000
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor	Leslie V. Niles
TOTAL AMOUNT OF PAYMENT (\$) 240.00				Examiner Name	Linh L.D. Son
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES	
Deposit Account Number 19-2555 Deposit Account Name Fenwick & West LLP				Large Entity	Small Entity
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Code	Fee (\$)
Fee Calculation				Fee Code	Fee (\$)
1. BASIC FILING FEE				Fee	Fee
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)		Fee Description	
Fee Code (\$)		Fee Code (\$)		Fee Paid	
Fee Code (\$)		Fee Code (\$)			
SUBTOTAL (1) (\$) 0.00				Fee Paid	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				Fee Paid	
Total Claims 33 -33** = 0 x 25 = 0 Independent Claims 3 -3** = 0 x 100 = 0 Multiple Dependent				Extra Claims Fee from below Fee Paid	
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)		Fee Description	
Fee Code (\$)		Fee Code (\$)		Fee Description	
Fee Code (\$)		Fee Code (\$)		Fee Paid	
1202 50 2202 25 Claims in excess of 20				Fee Paid	
1201 200 2201 100 Independent claims in excess of 3				Fee Paid	
1203 360 2203 180 Multiple dependent claim, if not paid				Fee Paid	
1204 200 2204 100 **Reissue independent claims over original patent				Fee Paid	
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent				Fee Paid	
SUBTOTAL (2) (\$) 0.00				Fee Paid	
*or number previously paid, if greater; For Reissues, see above				SUBTOTAL (3) (\$) 240.00	
<small>*Reduced by Basic Filing Fee Paid</small>					

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Rajiv P. Patel	Registration No. (Attorney/Agent)	39,327	Telephone (650) 335-7607	
Signature				Date	February 22, 2005